State of California—Flealth and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) See Instructions on Back of Page 6 Toxic Substances Control Division and Front of Page 7 Please print or type. (Form designed for use on elite (12-pitch typewriter). 1. Generator's US EPA ID No. Manifest 2. Page t **UNIFORM HAZARDOUS** Information in the shaded areas CAX 000, 036 483 Document No. is not required by Federal law. WASTE MANIFEST A. State Manifest Document Number 3. Generator's Name and Mailing Address PARA PLATE 15910 SHOEMAKER AVE., CERRITOS, CA 90701 B. State Generator 4. Generator's Phone 213) 268-4281 5. Transporter 1 Company Name US EPA ID Number C. State Transporter's ID 1-800-852-7550 698 0991 OMEGA RECOVERY SERVICES 042 245 001 D. Transporter's Phone CAD 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD US EPA ID Number G. State Facility's ID CIADID1412121915199 90602 WHITTIER, CA 213 698-0991 CAD 042 245 001 13. Total I. Wasta No. 12. Containers 14. Unit Quantity 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) No. Type 211 WASTE FLEXOSOLVENT N.O.S ORM-A NA 1693 EPA/Othe aws 0 a040 F002 ENERATO State 1-800-424-8802; EPA/Other State EPA/Other CENTER EPA/Other RESPONSE K. Handling Codes for Wastes Listed Above J. Additional Descriptions for Materials Listed Above 8. b. D A) FOR RECYCLE d. Ç. NATIONAL 15. Special Handling Instructions and Additional Information Ή PROFILE NUMBER A 14464 CALL 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and SPILE. national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. R S EMERGENCY Day Printed / Typed Name Signature 28910 17. Transporter 1 Acknowledgement of Receipt of Materials Month Day Year AN Printed/Typed Name Signature 10(31389) Ö RINGGING 18. Transporter 2 Acknowledgement of Receipt of Materials Month Day Year Signature Printed/Typed Name 19. Discrepancy Indication Space

DHS 8022 A (1/88) EPA 8700-22 (Rev. 9-88) Previous editions are obsolete.

Printed/Typed Name

Do Not Write Below This Line

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

Day

Department of Health Services